9 of 45 (top)

2552.34

RESEARCH INTERNATIONAL ARCHIVES

(3—111.)

☞ Attention is invited to the outlines of the human skeleton and figure u on the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 864,695
[State above whether for original, increase, or restoration.]

Name and rank of claimant. A. P. Squire, Rank, Pvt.

Company 3 Reg't Pa H A Honesdale, Pa. State,

Claimant's post-office address. Hawmont, Hayne Co. Pa [Post-office address of the Board.] April 8 1891. [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Rupture, disease of stomach, general debility nervous headache dizziness

Cause of disability.

If a pensioner, fill in the amount; if not, erase the whole line. ~~and that he receives a pension of~~ ~~dollars per month~~.

He makes the following statement upon which he bases his claim for Original [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. had rupture on leaving service but since cured, occasionally vomits watery fluid and has severe headache and is dizzy, objects are dark before his eyes, and exertion causes increased action of heart.

51